

FEC
FORM 1

STATEMENT OF
ORGANIZATION

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2009 APR -1 A 11:09

Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

THE HIGH-NEED HOSPITAL PAC, INC

ADDRESS (number and street)

12 Stuyvesant Oval #9A

(Check if address
is changed)

New York

NY

10009

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address
is changed)

N.A.

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address
is changed)

N.A.

2. DATE

03 27 2009

3. FEC IDENTIFICATION NUMBER

C00345017

4. IS THIS STATEMENT



NEW (N)

OR

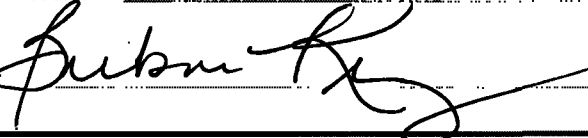
AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Barbara King

Signature of Treasurer



Date

03 27 2009

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2009)